

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:     Josef Mayer

Application No.: 10/501,413  
Filed: 07/22/2005  
For: POSITIONING SYSTEM

Group No.: 3651  
Examiner: Hess, Douglas A

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee:     \$120.00

**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))**

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date: 2-2-2008

  
Signature

**Wendy Morgan**

(type or print name of person certifying)

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  | (Col. 2)                              | (Col. 3)         | OTHER THAN A SMALL ENTITY |               |      |       |  |
|---|---|---------------------------------------|------------------|---------------------------|---------------|------|-------|--|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                           |               |      |       |  |
|   |   |                                       |                  | RATE                      | ADDIT.<br>FEE |      |       |  |
| TOTAL                                     | 28  | —                                     | 27               | = 1 x \$                  | 50.00         | = \$ | 50.00 |  |
| INDEP.                                    | 3   | —                                     | 3                | = 0 x \$                  | 210.00        | = \$ | 0.00  |  |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  | + \$                      | 0.00          | = \$ | 0.00  |  |
|   |   |                                       |                  | TOTAL                     |               |      |       |  |
|   |   |                                       |                  | ADDIT. FEE \$             |               |      |       |  |
|   |   |                                       |                  | 50.00                     |               |      |       |  |

Total additional fee for claims required \$50.00

### FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$170.00 to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

### FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date:

2/29/08



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